



Stirred by the Spirit of Christ to learn, follow, and serve.

5760 Portland Ave. S.
Minneapolis, MN 55417-2462
Office: 612-866-2579
Fax: 612-395-5373
www.dllc.org

Baptism Information

Please write clearly, as some information will be included on baptism certificates.

Return this form to dllc.office@dllc.org, or call to confirm a date, 612-866-2579.

Requested Date of Baptism: _____

Full Name of Child: _____

Pronouns _____ Birth Date: _____

Siblings (please include names and ages):

Parent/Guardian #1: _____ Pronouns _____

Email: _____ Cell Phone: _____

Mailing Address: _____

Relationship to Child _____

Parent/Guardian #2: _____ Pronouns _____

Email: _____ Cell Phone: _____

Mailing Address: _____

Relationship to Child _____

Sponsor's
Name(s): _____

Do sponsors share a household?

☐ Yes ☐ No

During the baptism, a member of the congregation will read a paragraph of welcome. Would you like to designate a specific member of the congregation to read it? Name: _____

- ☐ We will invite them to do it.
- ☐ Please ask them for us.
- ☐ Please choose someone for us.

Questions/Notes/Other Information: _____